PEOSH
Respiratory Protection Standard

A Template for Local Law Enforcement Written Programs

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Instruction

PEOSH is providing this model program as a template to assist the Respirator Program Administrator (PA) in developing a written Respiratory Protection Plan. It provides the basic text and information necessary in a respiratory protection program for local law enforcement that complies with the PEOSH Respiratory Protection Standard and protects officers. This model provides ideas, examples of specific law enforcement activities that may require respiratory protection and assistance selecting the appropriate respirator.

Developing a respiratory protection program with this template is more than just filling in a few blanks. The PA should analyze the department activities, identify situations that may require respiratory protection, and select the appropriate levels and types of protective equipment . Taking the time to develop a detailed program will create a document that will make it easier for supervisors and officers make the right choices in the field when the appropriate respirator can save an officers life.

This template is color coded. If working in hardcopy, print the document on a color printer so the coding is apparent.

Black text is basic boilerplate of a Respiratory Protection Program and can often remain unchanged. Some departments will delete, modify or add to this text. However, when making such a modification, PEOSH suggests that the issue be covered to the same level of detail. Only the specifics need to be changed to address the situation within your department. If you do not have a policy or procedure addressing the topic, the template should be seen as a reminder that the issue may need to be added to the program.

Blanks to be filled in and text where some selection must take place are in RED. In addition, some text in RED is suggested text PEOSH thinks would fit most but not all programs depending on activities undertaken by the department. If not applicable, these should be modified or deleted. Once the section is completed, this text should be changed to black.

Text in BLUE is information to assist in completing that section of the program. These should be deleted once that section is completed.

If further assistance is needed, contact PEOSH.

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Respiratory Protection Program Template
For Local Police Departments

Respiratory Protection Program for:

Department: ____Dept. Name_____

Township/County/Borough: ____Identify Jurisdiction_____

Address: ____Provide complete address_____

_____

The PEOSH Respirator Protection Standard requires that if other means of reducing or eliminating exposure to the airborne hazards are not feasible and public employers provide employees with respirators to protect them from airborne hazards, then a respiratory protection program must be implemented incorporating all of the program components described in the standard (29 CFR 1910.134 (c)(1)).

The purpose of this program is to provide the local law enforcement agency with a respiratory protection plan for general duty officers whose assignments do not normally include contact with infectious persons, use of hazardous materials, or response to the release of hazardous materials. The following standard law enforcement scenarios could require the use of respiratory protection:

- Contact with or transport of persons who are suspected of being actively infected with a serious respiratory disease such as tuberculosis (TB), pandemic influenza, or Severe Acute Respiratory Syndrome (SARS).
- Perimeter maintenance at crowd-control incidents where chemical agents such as tear gas, smoke or other tearing agents have been or will potentially be used.
- Entry into an area where chemical agents such as tear gas, smoke or other tearing agents have been or will potentially be used.
- Perimeter maintenance at hazardous materials incidents. (Although stationed in the cold zone where contaminants should not be expected to exceed levels safe for unprotected persons, respirators with cartridges appropriate for the agent may be available for deployment in case conditions change suddenly.)
- Escape from hazardous atmospheres.
- Add or delete duties and activities as appropriate

If law enforcement officers have an anticipated role in hazardous materials emergency response incidents, even if in the cold zone, the PEOSH Hazardous Waste and Emergency Response Operations Standard (1910.120) requires that training appropriate to the response level also be provided (Awareness or Operations Level Training). Refer to paragraph (q) of the standard.

Responsibility for the Program

Program Administrator: ____Provide the Specific Name & Title_____ will be the Respiratory Protection Program Administrator. The following are the responsibilities of the Program Administrator:

1. Program Administrator directs the development of the respiratory protection program and has the authority to make certain all provisions are performed by department personnel.

2. The Program Administrator will evaluate the program at least annually and routinely make sure procedures are followed, respirator use is monitored and respirators continue to provide adequate protection as job conditions change.

3. All respirators will be periodically (at least quarterly) checked by the Program Administrator.

4. The Program Administrator is responsible for selecting the respirators, cartridges, and any other related protective equipment that is appropriate and necessary for all tasks and activities carried out by the officers that require respiratory protection.

5. The Program Administrator will be responsible for contacting vendors and arranging to have available a variety of brands and sizes of the appropriate type of NIOSH-approved respirator for fit-testing based on the following principles.

6. The Program Administrator selecting service providers and scheduling medical clearance, medical exams (if required), fit testing and training.

7. If respiratory protection is not required, but Officers voluntarily choose to wear a filtering facepiece respirator (N-95) the Program Administrator shall provide the officers with Appendix D of the Respiratory Protection Standard (29 CFR 1910.134). He (She) will also ensure that employees who voluntarily use an elastomeric cartridge respirator are included in a modified respiratory protection program to ensure that they do not create a danger to themselves.

Supervisors Responsibilities: Supervisory personnel are responsible for ensuring the respiratory protection program is safely and properly implemented at the scene. They shall be capable of safely and properly deploying the respiratory protection for their own protection and for the protection of those under their immediate command. In addition, departmental supervisor responsibilities are as follows:

1. Supervisors shall ensure that all personnel under their immediate command have completed the medical questionnaire and are approved to wear their assigned respirator[s], received required training, successfully completed fit testing, and attended addition medical examinations as required by the physician or the department.

2. Supervisors shall ensure the availability and accessibility of assigned respiratory protection and additional necessary equipment for all personnel under their immediate command.
3. Supervisors shall be aware of potential hazardous conditions, and tasked with ordering deployment of respiratory protection.
4. Supervisors will inform all officers deployed to an incident of the signs and symptoms experienced by victims as a warning of potential indication of respirator failure (leakage, breakthrough, etc.)
5. Supervisors will inform Officers of and enforce change schedules or end of service life indicator limits on the use of cartridge air purifying respirators.
6. Supervisors shall be responsible for the continuing proper usage of respiratory protection while being deployed by police personnel during hazardous incidents. They shall ensure that the respiratory protection fits properly and causes no discomfort for the entire duration of the incident.
7. Supervisors are responsible for monitoring medical conditions of police personnel under their immediate command, utilizing the respiratory protection, for signs and/or symptoms of exposure.
8. Supervisors will coordinate with the Program Administrator immediately following the deployment of the respiratory protection. The supervisor and Program Administrator will both ensure that the equipment utilized during the incident is properly decontaminated or discarded.
9. Both the supervisor and Program Administrator will re-evaluate the entire process including addressing respiratory hazards and other program concerns.

Police Personnel Responsibilities: All qualified and trained police department personnel issued respiratory protection are responsible to wear their assigned respiratory protection when and where required, and in the manner in which they were trained. All assigned respiratory protection will be kept with the officer in an immediately accessible location.

All officers assigned respiratory protection are responsible for the following:

1. Officers will inspect their respirators monthly and will document the inspection. The form used to document all inspection and maintenance activities can be found in Appendix E. Officers must send the completed form to the Program Administrator annually. [This instruction may be modified in accordance with your program]
2. Officers are responsible for the safe storage of their respirator in a sanitary location. At the discretion of the Program Administrator, those officers actively assigned to either the HAZMAT Team or Special Weapon and Tactics Team (SWAT) may store their assigned APR mask with their additional team equipment.
3. Officers will clean their respirator after each usage but at least once each year.
4. Officers are further responsible for immediately informing their supervisor or Program Administrator of any problems, concerns or damage sustained to their assigned respirator.

5. Officers are responsible for returning their respirator[s] and any additional assigned equipment to their supervisor or program administrator upon request.
6. If the department determines that respiratory protection is not required, but the Officer voluntarily chooses to wear a respirator, the Officer will notify their supervisor prior to the use of respiratory protection.
7. If an officer is entering a situation in which exposure to a known chemical or biological agent is likely, they will contact their supervisor for approval to enter and for selection of the appropriate respirator and cartridge. The officer will prepare their respirator for immediate deployment if needed. In the event the respirator is deployed
8. If an officer has their respirator with them and is unexpectedly in a position of potential exposure to an unidentified hazardous agent, they are to drop back to a safe location or to don the respirator immediately and then drop back. They must then contact their supervisor.
9. Officers must never knowingly enter a situation where the hazardous agent is unknown even with their air purifying respirator on.
10. If an officer detects breakthrough of airborne contaminants, the officer must exit the contaminated area immediately and check the seal once in a clean area. If there has been cartridge breakthrough, the respirator must be decontaminated and cartridges changed before reuse. The officer must report to their supervisor and the Incident Commander /Safety Officer in case the contaminant levels should be re-monitored and perimeter redefined.

Identifying Work Hazards Requiring Respirator Use

Police Officers are likely to be first on the scene in a variety of unexpected, unplanned events that require the use of respiratory protection. There may be an unknown chemical hazard, or a known chemical hazard but at an unknown concentration. They may have to respond to known or suspected infectious or biological hazards. There is even the possibility of a terrorist release of a chemical, biological, or Radiological agent. Planning ahead for the more foreseeable events, determining the proper response and identifying appropriate respiratory protection and its limits is necessary to best protect the health and safety of the officers.

The first step is to identify the situations in which department officers will potentially be involved and then determine what hazards are likely to require respiratory protection. Characterize these potential hazards and estimate their severity.

Air Purifying Respirators (APR) cannot be used in unknown, immediately dangerous to life or health (IDLH) or oxygen deficient environments. All APRs are limited as to the chemicals and biological agents which they can effectively filter and have a limited capacity. OSHA requires respirators to have an end-of-service-life indicator (ESLI), or the Department must implement a change schedule for the filters appropriate for the conditions. In addition, officers should be trained to exit the contaminated area whenever they detect the odor, taste or experience any irritation or other symptoms potentially associated with the contaminant.

When respirators are deployed, the appropriate cartridge/filter and information concerning the ESLI and/or cartridge change schedule must be provided to the officers.

Program Administrators must document the appropriate respirator and cartridge(s) for each activity. Appendix G of the Written Respiratory Protection Program contains this information and the resultant change schedule for each respirator and cartridge. All Officers who have been issued a respirator in anticipation of involvement in such responses must be included in this Respirator Protection Program.

For more information go to:
http://www.osha.gov/SLTC/etools/respiratory/change_schedule.html
http://www.osha.gov/SLTC/etools/respiratory/advisor_genius_wood/breakthrough.html.

Respirator Selection

Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used. Full facepiece respirators will also be designated as NIOSH approved for Chemical, Biological, Radioactive, Nuclear (CBRN) incidents. Note: PEOSH recommends including the preceding statement CBRNE approval for police departments as many police tasks, especially emergency response, would require that certification. This approval can be recognized by the NIOSH approval or TC number on the respirator and its components.

Based on a review of the tasks/activities, the chemical/biological agents to which the law enforcement personnel in this department may be exposed, it has been determined that the following type(s) of respirator(s) will be used:

- Escape-only respirator
- Filtering facepiece disposable respirator (N or P 95, 99 or 100)
- Half facepiece cartridge respirator equipped with appropriate cartridges based on the hazardous contaminants
- Tight fitting air purifying full facepiece respirator equipped with appropriate cartridges based on the hazardous contaminants
- Powered air-purifying respirator with loose-fitting hood or helmet that is equipped with an appropriate cartridges based on the hazardous contaminants

Note: The above can be checked off or those not included can be deleted. You can also add other respirator types if necessary

List brand names, models and sizes of NIOSH-approved respirators available to employees:

1) _____

2) _____

3) _____

Based on a review of the chemicals and biological agents to which law enforcement personnel in this department may be exposed, it has been determined that the following activities and agents require respiratory protection:

Job Task / Activity	Chemical Agent	Respirator & Cartridge
Perimeter crowd control where tearing agents have been used	Tear gas	Full face cartridge respirator with a CAP-1 cartridge
Entry into an area where tearing agents have been used	Tear gas	Full face cartridge respirator with a CAP-1 cartridge
Escape from chemical/ biological incidents including clandestine drug laboratory raids	Unknown	Full face cartridge respirator with a CAP-1 cartridge
Perimeter industrial hazmat incident with specific industrial chemicals	Specific industrial chemicals to be identified by the HazMat team	To be determined by Incident Command Safety Officer. Respirator to be with officer ready for immediate deployment
Transport of / exposure to persons with illnesses that can be transmitted by the airborne respiratory route	TB, SARS, Pandemic Flu	Filtering facepiece N-95
[Additional activities]	[Associated hazards]	[Respirator/cartridges appropriate for use]

(The above is provided as an example. Your selections may be different. You may need to add, modify or delete information to the table. If you have selected a particular manufacturer, model, cartridge, etc. identify to that level of detail if possible. That will help your supervisors and officers in selecting the correct respirator for many of their incidents.)

A few other activities may include:
security around hospital in which contaminated victims may be brought or self referred
Warm zone bag & tag victims' property, arrest, including police equipment
Recon for secondary devices

Medical Evaluation

Law enforcement personnel assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator. Medical clearance to wear the

respirator is required before an employee is fit-tested. This applies to disposable filtering facepiece respirators as well as tight-fitting elastomeric respirators with cartridges.

A medical questionnaire (See Appendix A) is given to employees who must wear a respirator. Employees are required to fill out the questionnaire in private and send or give it directly to the health care provider who will evaluate the questionnaire. Questionnaires are considered confidential medical information and will not be reviewed by management. The medical provider will be given information about the type of respirator[s] the employee will be expected to use and conditions of use. In addition, all officers must pass the department pre-employment and annual physical examination. [Include if in keeping with your department policy]

Medical Provider: [Provide specific name or practice and contact information]

Address: _____

_____

Phone Number: _____

If the responses on the medical questionnaire or physical indicate to the medical provider that a further medical exam is required, this will be provided at no cost to employees.

The medical provider will provide the employer with a written statement about whether or not the employee is medically able to wear a respirator. No confidential medical information will be disclosed to the department.

Additional medical evaluations will be done in the following situations:

- The medical provider recommends it
- The respirator program administrator decides it is needed
- An employee shows signs of breathing difficulty
- Changes in work conditions increase employee physical stress (such as high temperatures or greater physical exertion)

Respirator Fit-Testing

Fit tests are conducted to determine that the respirator fits the user adequately and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection. All employees who wear tight-fitting respirators (including disposable N-95s) will be fit-tested before their respirator is issued or whenever given a new type of respirator. Fit-testing is not required for loose-fitting powered air-purifying respirators.

Fit-testing will be repeated annually. Fit testing will also be done when an employee decides to change to a different respirator, when there is a physical change in an employee's face that would affect fit, or when employee or the medical provider notifies the respiratory protection Program Administrator that the fit of their current respirator is unacceptable.

Employees will be fit-tested with each make, model, and size of the respirator that they will be issued. They should be provided with several models and sizes so they may select the one with the optimal fit. Workers who wear corrective glasses or other PPE that may affect the face seal should wear them during the fit-test. Officers who wear corrective glasses and are issued full face respirators will be provided a "spec kit" with prescription lenses at no cost to them.

The following person/organization will be performing the fit testing:

Fit Test Provider: Provide specific name or practice and contact information

Address: _____

_____

Phone Number: _____

Based on the fit-test requirements of the PEOSH respiratory protection standard and manufacturer's recommendations, the following type of fit-test will be conducted: The selected protocols are described in Appendix A of this program (PEOSH/OSHA 29CFR1910.134 App. A)

The Department will use the following Qualitative Fit Testing (QLFT) protocols:

- Bitrex
- Saccharin
- Irritant Smoke
- Isoamyl Acetate (not appropriate for particulate respirators)

The following respirators issued as part of this program will be fit tested by QLFT:

- Filtering Facepiece (give specific brand and model)
- Half face APR (give specific brand and model)

The department will used the following Quantitative Fit Test Procedure (QNFT):

Portacount
Controlled Negative Pressure Method OHD Fit Tester 3000

The following respirators issued as part of this program will be fit tested by QNFT:

- Filtering Facepiece (give specific brand and model)
- Half face APR (give specific brand and model)
- Full Facepiece APR (give specific brand and model)

Make the selection of what to keep based on your specific program

The department will select the fit test method appropriate for each respirator based on the type, use and manufacturer recommendation capable of indicating that an adequate protection factor is attained.

Fit test results will be documented on the form found in Appendix B. This will be completed by the person performing the fit test and sent to the Program Administrator.

Respirator Training

Training of police personnel required to wear respirators will be provided before employees wear their respirators and annually thereafter as long as they long as they are issued a respirator. Additional training will also be done when an employee is issued a different type of respirator or workplace conditions affecting respiratory hazards have changed.

Training will include:

- Why the respirator is necessary – potential hazards and health effects
- The respirator's capabilities and limitations
- How improper fit, use or maintenance can make the respirator ineffective
- How to properly inspect, put on, seal check, use and remove the respirator
- Procedures for cleaning, maintenance and repair
- How and where to store the respirator
- How to properly use the respirator in emergency situations
- How and when to decontaminate or discard the respirator
- Where to find the department's written respiratory protection program and the PEOSH Respiratory Protection Standard

Proper Respirator Use and Care

Each employee will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of the selected models. In addition, the respirator shall not be used in a manner for which it was not certified by NIOSH or recommended by the manufacturer.

The employer shall not permit respirators with tight-fitting facepieces to be worn by employees who have facial hair that comes between the sealing surface of the facepiece or that interferes with valve function.

All officers shall leave a potentially contaminated work area to check, change or clean their respirator if there is breakthrough of contaminants, if the face seal is leaking or if the respirator is impeding their ability to work.

Seal Checks: Officers must perform a check for proper sealing whenever a tight fitting respirator is first put on using the seal check procedure as described in 29CFR1910.134 Appendix B-1 (links found in Appendix F of this document) or an equally effective method recommended by the manufacturer (See attached procedure or describe seal check procedure below).

User seal checks are not substitutes for qualitative or quantitative fit tests.

Cleaning and Disinfecting: <u>N-95 disposable filtering facepiece respirators:</u> Discard disposable respirators after each use.

<u>Powered air-purifying respirators and tight-fitting elastomeric air-purifying respirators:</u>

Recommendations on cleaning and disinfection differ among manufacturers and the potential contaminant. The manufacturer's cleaning recommendations should be followed.

See the attached cleaning method for the specific respirator being cleaned in Appendix E of this program, or see Appendix A (in 29CFR1910.134 Appendix B-2) if no specific manufacturer procedure is available .

Inspecting, Maintenance, and Repairs: All respirators maintained for use in emergency situations shall be inspected at least monthly in accordance with the manufacturer's recommendations and shall be checked for proper functioning before and after each use. Emergency escape-only respirators shall be inspected before being carried into the workplace for use. Any respirator that fails an inspection or is found to be defective should be removed from service and repaired according to the manufacturer's recommendations by persons appropriately trained.

All police personnel who have been issued a respirator are responsible for monthly and pre-use checks. Monthly inspections and maintenance must be documented on the Respirator Inspection & Maintenance form provided in Appendix D of the written program.

At minimum, inspections of respirators should include:

Filtering facepiece disposable respirators:

1. Examine the facepiece of the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in the seal area or if the filter material is physically damaged or soiled.
2. Check the straps to make sure they are intact.
3. Make sure the metal nose clip is in place and functions properly (if applicable).

Tight-fitting, elastomeric, air-purifying respirators (APR)

1. A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, cartridges, canisters or filters and
2. A check of the elastomeric parts for pliability and signs of deterioration

Tight-fitting, elastomeric, powered air-purifying respirators (PAPR)

1. Prior to use, check for adequate airflow following the manufacturer's instructions.
2. Make sure the battery is charged to assure continued airflow.
3. Inspect the airflow tube and filter pack for damage.
4. Examine the hood for physical damage

Defective respirators shall be removed from service and sent to the Program Administrator (PA). The PA will determine if it will be adjusted, repaired or discarded as appropriate. Only persons who have been trained to perform such operations will make repairs or adjustments to respirators. All repairs will be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed, using only the manufacturer's NIOSH-approved parts.

Storage: Officers must keep their respirators near them whenever on duty. When not anticipating potential immediate need for the respirator, it should be in the carrying case provided, packed in a manner to prevent deforming the facepiece. It should be kept away from sunlight, extremes of temperature, excessive moisture and damaging chemicals and dust. If entering a situation in which there is potential for immediate need, the straps can be set in pre-deployment position.

Cartridges and disposable filtering facepiece respirators must be kept in their original sealed package until actual deployment.

The department will follow all manufacturers' storage recommendations.

If the department is using PAPRs there will be need to have a location for storing and charging batteries as well as a procedure to assure that the officers issued PAPRs have fully charged batteries with them at all times.

It is the responsibility of each officer assigned a PAPR to have a fully charged battery with the PAPR. Spare batteries will be maintained on chargers in [identify the location]. Each officer should rotate the battery in the PAPR with a spare monthly to assure the one battery in the PAPR is fully charged

Respirator/Cartridge Disposal: Used respirator cartridges and filtering facepeice (FF) respirators must be discarded properly. Particulate contaminants and biologicals filtered by these can become airborne or transferred to skin if the filter is discarded where they can be physically contacted. Vapors can slowly disperse into the air from the adsorbent in the cartridge. In this way, the officers can become exposed to the contaminants.

Used cartridges and FFs should be sealed in plastic bags and discarded in receptacles identify the location that protect against this possibility. The department will dispose of the cartridges in accordance with applicable disposal regulations.

Recordkeeping

The following records are kept by the Program Administrator:

Record	Location
A copy of this completed written respiratory protection program	Identify Locations of each of these documents
A copy of the PEOSH Respiratory Protection Standard (29CFR 1910.134)	Is part of the written program (App. H) as a hard copy or links to OSHA
A list of employees who have been issued respirators and the type, model, and size for which each employee has been trained and fit-tested	
Written medical clearance recommendations from the medical provider (Note: Medical records are not to be maintained by the employer)	

Employees' latest fit-testing results	
Employee respirator training records	
Most recent program evaluations	

Respiratory Program Evaluation

The Respiratory Protection Program Administrator will complete an annual evaluation of the program by taking the following steps:

- Talking with employees who wear respirators to assess the employees' views on program effectiveness and to identify any problems. .
- Checking results of fit-tests and health provider evaluations.
- Periodically checking employee job duties for changes in exposure
- Periodically checking how employees use their respirators.
- Periodically checking maintenance and storage of respirators (if applicable).
- Having employees complete the Respiratory Protection Program Evaluation form (see Appendix J)

Revisions to the program should be made accordingly.

Appendix A

Medical Evaluation Questionaire & Medical Clearance Forms

The following is a blank Medical Evaluation Questionaire. It can be copied and provided to all personnel who will be issued a respirator. They will complete the form after which it will be sent to the health care practice evaluating the fitness of the employee to wear respiratory protection.

Once completed by the employee, these forms contain confidential information and must be sent directly to the healthcare practice. Completed questionnaires should be maintained as a confidential medical record by the medical provider. If retained by the police department the form must be maintained by the medical director.

Department supervisors must NOT have access to the medical information on the form.

A blank sample medical clearance form is included in this section. The medical provider will complete the Medical Clearance Form for each officer evaluated and send copies to the Program Administrator and the officer.

No confidential medical information should be included on this form.

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):
a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No
If "yes," what type(s): _____

_____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you **ever had** any of the following conditions?

   a. Seizures (fits): Yes/No
   b. Diabetes (sugar disease): Yes/No
   c. Allergic reactions that interfere with your breathing: Yes/No
   d. Claustrophobia (fear of closed-in places): Yes/No
   e. Trouble smelling odors: Yes/No

3. Have you **ever had** any of the following pulmonary or lung problems?

   a. Asbestosis: Yes/No
   b. Asthma: Yes/No
   c. Chronic bronchitis: Yes/No
   d. Emphysema: Yes/No
   e. Pneumonia: Yes/No
   f. Tuberculosis: Yes/No
   g. ilicosis: Yes/No
   h. Pneumothorax (collapsed lung): Yes/No
   i. Lung cancer: Yes/No
   j. Broken ribs: Yes/No
   k. Any chest injuries or surgeries: Yes/No
   l. Any other lung problem that you've been told about: Yes/No

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

   a. Shortness of breath: Yes/No
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
   c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
   d. Have to stop for breath when walking at your own pace on level ground: Yes/No
   e. Shortness of breath when washing or dressing yourself: Yes/No
   f. Shortness of breath that interferes with your job: Yes/No
   g. Coughing that produces phlegm (thick sputum): Yes/No
   h. Coughing that wakes you early in the morning: Yes/No
   i. Coughing that occurs mostly when you are lying down: Yes/No
   j. Coughing up blood in the last month: Yes/No
   k. Wheezing: Yes/No
   l. Wheezing that interferes with your job: Yes/No
   m. Chest pain when you breathe deeply: Yes/No
   n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you **ever had** any of the following cardiovascular or heart problems?

a. Heart attack: Yes/No
b. Stroke: Yes/No
c. Angina: Yes/No
d. Heart failure: Yes/No
e. Swelling in your legs or feet (not caused by walking): Yes/No
f. Heart arrhythmia (heart beating irregularly): Yes/No
g. High blood pressure: Yes/No
h. Any other heart problem that you've been told about: Yes/No

6. Have you **ever had** any of the following cardiovascular or heart symptoms?

a. Frequent pain or tightness in your chest: Yes/No
b. Pain or tightness in your chest during physical activity: Yes/No
c. Pain or tightness in your chest that interferes with your job: Yes/No
d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
e. Heartburn or indigestion that is not related to eating: Yes/No
f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you **currently** take medication for any of the following problems?

a. Breathing or lung problems: Yes/No
b. Heart trouble: Yes/No
c. Blood pressure: Yes/No
d. Seizures (fits): Yes/No

8. If you've used a respirator, have you **ever had** any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

a. Eye irritation: Yes/No
b. Skin allergies or rashes: Yes/No
c. Anxiety: Yes/No
d. General weakness or fatigue: Yes/No
e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you **ever lost** vision in either eye (temporarily or permanently): Yes/No

11. Do you **currently** have any of the following vision problems?

a. Wear contact lenses: Yes/No
b. Wear glasses: Yes/No
c. Color blind: Yes/No
d. Any other eye or vision problem: Yes/No

12. Have you **ever had** an injury to your ears, including a broken ear drum: Yes/No

13. Do you **currently** have any of the following hearing problems?

a. Difficulty hearing: Yes/No
b. Wear a hearing aid: Yes/No
c. Any other hearing or ear problem: Yes/No

14. Have you **ever had** a back injury: Yes/No

15. Do you **currently** have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs, or feet: Yes/No
b. Back pain: Yes/No
c. Difficulty fully moving your arms and legs: Yes/No
d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
e. Difficulty fully moving your head up or down: Yes/No
f. Difficulty fully moving your head side to side: Yes/No
g. Difficulty bending at your knees: Yes/No
h. Difficulty squatting to the ground: Yes/No
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: _____

_____

_____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

a. Asbestos: Yes/No
b. Silica (**e.g.**, in sandblasting): Yes/No
c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
d. Beryllium: Yes/No
e. Aluminum: Yes/No
f. Coal (for example, mining): Yes/No
g. Iron: Yes/No
h. Tin: Yes/No
i. Dusty environments: Yes/No
j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: _____

_____

_____

4. List any second jobs or side businesses you have: _____

_____

5. List your previous occupations: _____

_____

6. List your current and previous hobbies: _____

_____

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No
b. Canisters (for example, gas masks): Yes/No
c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes/No
b. Emergency rescue only: Yes/No
c. Less than 5 hours **per week:** Yes/No
d. Less than 2 hours **per day:** Yes/No
e. 2 to 4 hours per day: Yes/No
f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. **Light** (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average

shift:_____hrs._____mins.

Examples of a light work effort are **sitting** while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1-3 lbs.) or controlling machines.

b**.** **Moderate** (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average

shift:_____hrs._____mins.

Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban traffic; **standing** while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; **walking** on a level surface about 2 mph or down a 5-degree grade about 3 mph; or **pushing** a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. **Heavy** (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average

shift:_____hrs._____mins.

Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; **shoveling; standing** while bricklaying or chipping castings; **walking** up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

_____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

_____

_____

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

_____

_____

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____
Estimated maximum exposure level per shift : _____
Duration of exposure per shift: _____
Name of the second toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____
Name of the third toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____
The name of any other toxic substances that you'll be exposed to while using your respirator:

_____

_____

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

_____

_____

Medical Clearance for Respirator Use Form

Name of Police Department: _____

Name of Officer: _____

This officer has been medically evaluated regarding their ability to wear the type of respirator(s) listed below. The information required by the PEOSH Respiratory Protection Standard 1910.134 (Section (e) and Appendix A, Part A, Sections 1 & 2) was obtained in the course of performing this evaluation.

Based on the medical evaluation, the employee/volunteer is cleared (with any limitations listed below) to be fit-tested for and wear the following respirators:

AIR PURIFYING RESPIRATOR(S)

_____ **Disposable N or P or R, - 95, 99 or 100 filtering facepiece respirator**

_____ **Elastomeric half face respirator with particulate/gas/vapor cartridges**

_____ **Elastomeric full face respirator with particulate/gas/vapor cartridges**

_____ **Powered air purifying respirator**

SUPPLIED AIR RESPIRATOR(S)

_____ **SCBA – Self-Contained Breathing Apparatus**

LIMITATIONS: _____ **No** _____ **Yes**

Description: _____

_____

Date of this written recommendation: _____

Health Care Professional Name: _____

Address: _____

_____

Phone: _____

(A copy of this form has been provided to the EMS responder.)

Appendix B

Respirator
Fit Test Worksheets
and Selected
Fit Test Protocols

RESPIRATOR FIT TEST WORKSHEETS

Name: _____ SSN: _____

Clean Shaven? __Yes __No Spectacle Kit? ___Yes ___No

Manufacturer/Model _____ Size: ___S ___M ___L

Protocol: _____

Fit Factor: _____ Pass ___Fail ___

Manufacturer/Model _____ Size: ___S ___M ___L

Protocol: _____

Fit Factor: _____ Pass ___Fail ___

Manufacturer/Model _____ Size: ___S ___M ___L

Protocol: _____

Fit Factor: _____ Pass ___Fail ___

******** Attach all Quantitative Fit Test Report Print outs ********

Next Test Due: _____

NOTES: _____

_____

_____

Operator (Print): _____

Operator: _____ Date: _____

Subject: _____ Date: _____

Insert

copies of the fit test protocols

from 29CFR1910.134 App. A

for each type of respirator

(or by make & model of respirator)

selected and used in the

Respiratory Protection Program

Appendix C

Training Documentation:

Individual Documentation Form

Curriculum &

Instructor Information

Documentation of Respirator Training

Name of Department: _____

Name of the Employee: _____

The following individual has successfully completed Respiratory Protection Training for use of the following respirators:

List all respirators issued to the employee and trained on.

The training included the elements required by the PEOSH Respiratory Protection Standard (29 CFR 1910.134(k)).

(Signature of Employee/Employee ID#)

Date of training: _____

Type of training: **Initial** **OR** **Refresher**

Instructor Name: _____

Instructor Signature: _____

Title _____

Phone: **Day:** _____

Eve: _____

Insert

Curriculum(s),

including a brief description of the

topics and videos, and handouts

short Bio(s) of the instructors

Appendix D

Respirator
Inspection & Maintenance
Documentation

Respirator Inspection/Maintenance Checklist

Respirator:	Location:
Issued to:	Hazard:
Face piece	_____ **Cracks, tears, holes, or deterioration** _____ **Face mask distortion** _____ **Cracked or loose lenses/faceshield** _____ **Discoloration of the lense** _____ **elasticity / flexibility** _____ **Nose clip deterioration** _____ **Dirt, especially in seal area** _____ **Expiration Date**
Head straps	_____ **Breaks, tears, overstretched** _____ **lost elasticity** _____ **Broken buckles**
Valves:	_____ **Residue or dirt** _____ **Cracks or tears in valve material** _____ **distortion / lost flexibility** _____ **Not seating/sealing properly**
Filters/Cartridges:	_____ **NIOSH Approval designation** _____ **Gaskets** _____ **Worn / residue in threads** _____ **Cracks or dents in housing** _____ **Proper cartridge for hazard** _____ **Expiration Date**
Air Supply Systems	_____ **Breathing air quality/grade** _____ **Condition of supply hoses** _____ **Hose connections** _____ **Settings on regulators and valves**
Air Supply parts	_____ **Worn air lines and connectors** _____ **Worn regulators and valves**

Inspected by:	**Date:**
Action Taken:	

Appendix E

Manufacturer's Respirator Inspection, Maintenance & Cleaning Instructions

Insert

Inspection, Maintenance & Cleaning

Instructions from each manufacturer

For any with no manufacturer instructions include

OSHA Cleaning Instructions from 1910.134 App. B-2

Appendix F

Respirator

Seal Check

Instructions

Insert

Seal Check Instructions from each manufacturer

and for any with no manufacturer instructions

OSHA Seal Check Instructions from 1910.134 App. B-1

Appendix G

Cartridge Selection

&

Change Schedule

Table

Insert

Cartridge selection

and

Change Schedule information

including end of service life indicators

established in conjunction with the manufacturers

Appendix H

Respirator Selection
End of Use Indicator (ESLI)
and
Change Schedule

—

Background Information
& Documentation

Insert

Documentation of information

used to select the respirators

for the Respiratory Protection Program

Documentation of background information used to

establish the Cartridge Change Schedule

The following are links to useful detailed information:

http://www.osha.gov/SLTC/etools/respiratory/index.html
http://www.osha.gov/SLTC/emergencypreparedness/cbrnmatrix/nerve.html
http://www.osha.gov/dts/osta/otm/otm_viii/otm_viii_2.html
http://www.cdc.gov/niosh/docs/2005-100/default.html
http://www.cdc.gov/niosh/npptl/topics/respirators/factsheets/respfact.html
http://www.osha.gov/SLTC/etools/respiratory/change_schedule.html
http://www.benmeadows.com/refinfo/techfacts/techpdf/change_respirator_196.pdf
http://multimedia.mmm.com/mws/mediawebserver.dyn?6666660Zjcf6lVs6EVs666rChCOrrrrQ-

Identifying Work Hazards Requiring Respirator Use

Known Chemical Hazards

Many commonly used chemicals have airborne exposure limits or "permissible exposure limits" in air that, if exceeded, may cause harm. [PEOSH Air Contaminants exposure limits can be found on the www.osha.gov website, General Industry Standard CFR 1910.1000]. In addition, several organizations have established alternative exposure limits which may be lower than the PELs or may be established for chemicals for which PELs are not available. If these limits are exceeded, public employers are required to take steps to protect employees from exposure.

If levels cannot be reduced below the permissible exposure limits by ventilation, changes in process, or reduction in the length of time of exposure, then public employers must provide respirators to exposed employees. Many of the chemicals identified as agents potentially used by terrorists also require respiratory protection. Officers who have been issued a respirator in anticipation of potential involvement in such responses must be included in this Respirator Protection Program

Known Biological Hazards

Law enforcement personnel may have contact with persons who could be infected with a potentially airborne infectious agent such as Mycobacterium tuberculosis (TB), pandemic influenza, or SARS.

Currently, there are no "permissible exposure limits" airborne biological agents. Choices about appropriate respiratory protection for biological agents must be based on particle size and respirator performance, in conjunction with evaluation of multiple other factors affecting a biological organism's ability to infect the host. In a bioterrorism or pandemic response, it is feasible that based on changing conditions, the level of respiratory protection recommended for a single organism could change over time or by setting.

Unknown Hazards or Unknown Levels of Exposure

For hazardous materials incidents including clandestine drug laboratory raids or terrorism incidents involving unknown agents, responders must be equipped with the highest level of respiratory protection and personal protective equipment (supplied air, full facepiece respirators and protective suits). Lesser protection (such as an air purifying respirator with cartridges) can only be worn once the agent, it's concentration, and exposure limits are known.

If a hazardous materials incident or event involving unknown chemical or biological agents occurs in this municipality, take the following steps to notify the Hazardous Materials Emergency Response Team for this area:

Outline the steps an officer will take and provide contact information for example:

Remain at a safe distance up wind from the hazardous agent

Call Title & Name of person at XXX-XXX-XXXX

Set up a perimeter at a safe distance and keep the public out of the area

If an officer is entering a situation in which exposure to a known chemical or biological agent is likely, they will contact their supervisor for approval to enter and for selection of the appropriate respirator and cartridge. The officer will prepare their respirator for immediate deployment if needed.

If an officer has their respirator with them and is suddenly in a position of potential exposure to an unidentified hazardous agent, they are to drop back to a safe location or to don the respirator immediately and then drop back. They must then contact their supervisor.

Officers must never knowingly enter a situation where the hazardous agent is unknown even with their air purifying respirator on.

All Air Purifying Respirators (APR), both cartridge and filtering facepiece have a limited number of chemicals which they can effectively filter. In addition they have a limited capacity to filter these contaminants, based on the cartridge type and size, as well as the concentration of the contaminants and time of exposure. Program Administrators must document the appropriate respirator and cartridge(s) for each activity.

OSHA requires that respirators be equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant; or if there is no ESLI appropriate for conditions in the workplace, the Department must implement a change schedule for the filters. This change schedule must be based on objective information or data to ensure the cartridges or filtering facepiece respirators are changed before the end of their service life. The Appendix G of the Written Respiratory Protection Program contains this information and the resultant change schedule for each respirator and cartridge.

When respirators are deployed, the appropriate cartridge/filter and information concerning the ESLI change schedule must be provided to the officers.

If an officer detects breakthrough of airborne contaminants, the officer must exit the contaminated area immediately and check the seal once in a clean area. If there has been cartridge breakthrough, the respirator must be decontaminated and cartridges changed before reuse. The officer must report to their supervisor and the Incident Commander /Safety Officer in case the contaminant levels should be re-monitored and perimeter redefined.

Respirator Selection

The Program Administrator is responsible for selecting the respirators, cartridges, and any other related protective equipment that is appropriate and necessary for all tasks and activities carried out by the officers that require respiratory protection. Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used. Full facepiece respirators will also be designated as NIOSH approved for Chemical, Biological, Radioactive, Nuclear (CBRN) incidents. Note: PEOSH recommends including the preceding statement CBRNE approval for police departments as many police tasks, especially emergency response, would require that certification. This approval can be recognized by the NIOSH approval or TC number on the respirator and its components. The Program Administrator will be responsible for contacting vendors and arranging to have available a variety of brands and sizes of the appropriate type of NIOSH-approved respirator for fit-testing based on the following principles.

Respirators and cartridges must:

- Be appropriate for the air contaminant(s)
- Provide adequate protection for the amount of contaminant in the air
- Be fit tested on the user to assure it fits properly
- Be seal checked prior to entry into the hazardous area

Appendix I

PEOSH/OSHA

Respiratory Protection Standard

29 CFR1910.134

PEOSH/OSHA Respiratory Protection Standard 29CFR1910.134
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716

Appendix A: Fit Test Procedures
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9780

Appendix B-1: User Seal Check Procedures
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9781

Appendix B-2: Respirator Cleaning Procedures
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9782

Appendix C: OSHA Respirator Medical Evaluation Questionaire
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9783

Appendix D: Information for Employees Using Respirators When Not Required Under Standard
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9784

Appendix J

Respiratory Protection Program

Evaluation

Respiratory Protection Program Evaluation Questionnaire

Training Program Evaluation Questions

	Strongly Agree	Agree	No Position	Disagree	Strongly Disagree
The Respiratory Protection training was well organized and well structured.					
The educational materials were easily understood.					
The trainer was knowledgeable about the material, kept the training on target and was sensitive to group dynamics.					
Participation in this program is appropriate for someone in my position.					
The environment in which the training was held was conducive to learning.					

Overall Respiratory Protection Program Evaluation

	Strongly Agree	Agree	No Position	Disagree	Strongly Disagree
The respirator assigned to me is an appropriate selection for the hazards to which I am exposed.					
I am able to don and doff my respirator correctly.					
I am able to adequately store my respirator as appropriate.					
The Program Administrator is accessible for my questions and needs regarding the program.					
I have been adequately trained to use the respirator appropriately and understand the conditions when a respirator may need to be used as outlined in the written program or standard operating procedures.					

What changes would you make to improve the Respiratory Protection Program?

_____

_____

_____

http://www.osha.gov/qna.pdf